

The Square Knot

Volume 2, Issue 2
April 2003

A publication to join in a partnership, with our customers,
for world class healthcare.



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Questions?!?

Give us a call
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CMS Adopts 2000 Life Safety Code®

On January 10, 2003, the Centers for Medicare and Medicaid Services (CMS) entered a final rule amendment in the federal register for hospitals, long-term care facilities, intermediate care facilities for the mentally retarded, ambulatory surgery centers, hospices that provide inpatient services, religious non-medical health care institutions, critical access hospitals, and programs of All-Inclusive Care for the Elderly (PACE). The amendment adopts the 2000 edition of the NFPA 101, Life Safety Code® effective **March 11, 2003**. Compliance is required for all facilities listed above that participate in Medicare/Medicaid programs.

The Life Safety Code® is a compilation of fire and life safety requirements for new and existing buildings, and is published by the National Fire Protection Association (NFPA). The Life Safety Code®, as well as all NFPA codes and standards, are updated and published every few years by a consensus process which involves the NFPA membership. The NFPA membership includes hundreds of professionals in the fire industry including fire fighters, industry representatives, facility managers, fire marshals, and other authorities having jurisdiction.

The previous rule proposed in August of 1990 adopted the 1985 edition of the Life Safety Code®. Remarkable advancements in fire protection have been made and incorporated into later editions of the Life Safety Code®.

Some accrediting organizations, as well as some authorities having jurisdiction, have already adopted the 1997 Life Safety Code®.

The 2000 edition of the Life Safety Code® includes new provisions that are vital to the health and safety of all patients and staff. As such, CMS has proposed not to grandfather any facility under these new provisions because the provisions would not impose undue burden. Their intention is to

ensure that patients and staff continue to experience the highest degree of fire safety available.

The good news to existing facilities is that the Life Safety Code® has two distinct chapters: one for new

facilities and one for existing facilities. These chapters clearly identify the requirements for existing facilities. All Facilities shall comply with these chapters by September 11, 2003, with exception to several sections, where compliance is not required until March 13, 2006,

For further information or questions please email Chad Beebe, Manager, Construction Review Services, at chad.beebe@doh.wa.gov. Watch upcoming issues of the Square Knot for articles on the Life Safety Code® and how the 2000 edition will effect your facility.

-Chad Beebe



Poisonous Plants

Poisonous plants are everywhere. More than 700 species of plants located in the United States have caused illnesses and deaths in humans. Plants with poisonous parts can be found in homes and gardens. Many ornamental shrubs and trees, and a wide variety of wild plants, that can cause illness and death are commonly found in yards, woods, swamps, and fields.

Plants can be hazardous inside the home too! Children need to be taught not to eat any part of a plant unless they have permission from a knowledgeable adult. For adults suffering from a dementia, it may be necessary to remove the plants from interior and exterior decorations and landscaping.

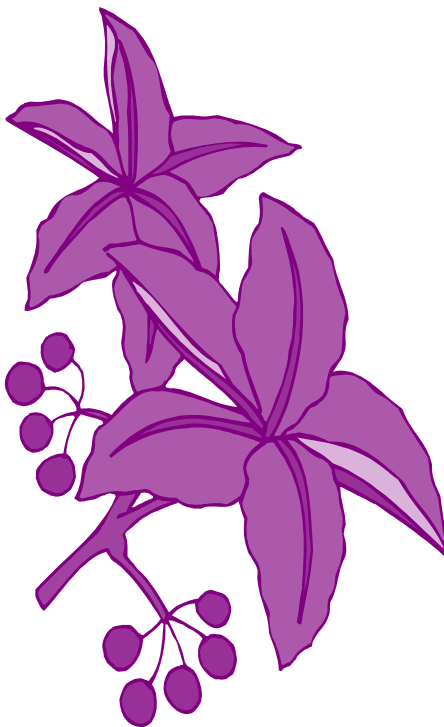
The Alzheimer's Association recommends focusing on prevention rather than teaching. It is more successful to remove the plants than to teach or retrain the person to not eat the plant. The person does not understand the consequences of ingesting or eating foreign substances; therefore, poisoning and choking are a real threat.

Vegetation helps sustain life. We eat many plants, herbs, and so forth in our daily diet, but we must remember to be choosy. Some plants have only parts that are toxic, while others, the entire plant may be harmful.

Who would expect that the beautiful oleander plant grown indoors and outdoors, contains a deadly heart stimulant, similar to the drug digitalis? It is so powerful that a single leaf can kill a child. Many people have died merely from eating hot dogs speared on an oleander twig and roasted over a campfire.

Calls to Poison Control Centers concerning plants constitute about 10% of all inquiries. Groups at risk are children and demented adults for accidental poisonings and teens looking for recreational opportunities or attempting suicide.

Sometimes it is not the plant itself that causes the poisoning. When we add fertilizer or pesticides to plants this may be the source of poisoning. Chemicals should be used sparingly and as directed on the product packaging.



To help prevent plant poisoning, follow these safety tips:

- Use only non-toxic plants for decorations or landscaping
- Know the names (both common and scientific) of the plants you have
- Label all the plants in your garden and landscaping
- Do not eat wild plants or mushrooms
- Use pesticides and fertilizers sparingly and follow the directions. and
- Do not make teas, potions, or medicines from plants.

What do you do in the event of a potential poisoning?

First! Call your local Poison Control Center (listed inside the front cover of any phone directory) and follow their directions.

Be prepared to give the following information:

- The name of the plant (and save uneaten parts);
- How long ago it was eaten;
- How much was eaten;
- What parts were eaten;
- The age of the individual; and
- Symptoms.

Information about plants in your home or landscaping may be obtained from your:

- Local nursery;
- Landscape architect;
- Cooperative Extension agent;
- County Noxious Weed Control agent; and
- The World Wide Web under poisonous plants or the plants name.

Listed are some helpful web sites, which have poisonous plant listings:

Construction Review Services: www.doh.wa.gov/crs

Food & Drug Administration: <http://vm.cfsan.fda.gov/~djw/readme.html>

U.S. Army: <http://vm.cfsan.fda.gov/~djw/readme.html>

-John Templar

Integrated Emergency Management Program - Handling Bioterrorism and Disasters

After the events of 9-11, Americans have scrutinized security more carefully than ever before. The United States Health Resources & Services Administration (HRSA), and the Department of Health & Human Services, quickly authorized funding through the Public Health and Social Services Emergency Fund. The purpose of this fund is to upgrade the preparedness of the Nation's hospitals and collaborating entities to respond to terrorist acts. However, HRSA has clearly indicated that consideration should be given to other disasters. Coordination of the funding is through State and Territorial Health Departments, the District of Columbia, and three metropolitan city health departments. While the funds initially made available are not enough to address all the problems nationwide, it is anticipated that ongoing funding will be available in ensuing years.

The reasons HRSA thought Emergency Management was a priority for hospitals came from a Mid-Atlantic survey that indicated that most hospitals were unprepared to handle biological weapon incidents. Hospitals need to prepare to receive and manage patients from primary incidents such as the WTC. Equally important is to consider an attack on the hospital itself. Hospitals are a very likely secondary target. As witnessed recently in Europe, a secondary device is often planted to hinder rescue operations.

A tried and tested model for improving emergency preparedness is developing an integrated emergency management program. As shown in the image, in the middle of this page, an integrated emergency management system is a cycle. Most often, the recovery portion is not properly planned ahead of time. For the HRSA program and to meet future JCAHO and CMS requirements, the program will have to include the recovery process.

The first step in creating an integrated emergency management program is preparing a needs assessment. Facilities should consider the possibility of natural, technological, and human incidents. Identify the most likely scenario, as well as the worst-case scenario. Set your objectives and goals so that you can measure the performance of your program.

You will need to identify the risk level of each different type of biochemical that might possibly be used. You may also want to consider the type of chemicals that are being manufactured or used in large quantities in your local area. A terrorist that may not be able to get biological weapons may turn to mass destruction of manufacturing or storage areas. Medications and vaccinations that will be needed must be identified, as well as where and how to get them.

Mitigation

With a little planning mitigation efforts can far outweigh the cost. In some cases the majority of the mitigation can be training, but other physical changes may need to occur. Results of mitigation efforts will help to protect you from becoming a primary or secondary target. If you haven't already place blockades in front of your entrances to keep

unauthorized vehicles away from your building, you should be considering it.

Staff should be trained on how to spot and report suspicious activity. It is also wise to teach staff (regular & volunteer) how to spot unsafe conditions that may need

to be corrected. You may consider contracting the services of a contractor and architect to help with the planning process as well to have them on call, if an incident should happen. Their professional services may prove to be invaluable in the time of need.

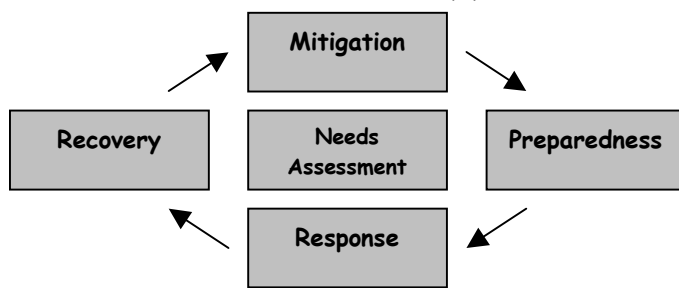
Response

At least two locations for a command center should be identified. There should be enough equipment available and ready to quickly activate the command center. These locations should be coordinated with local police and fire personnel.

Communications is key to the success of the plan. You should consider, at least, the following:

- * A central contact facility for the media
- * A disaster/emergency information handling system
- * Pre-scripted information bulletins
- * A method to coordinate and clear information for release; and
- * The capability of communicating with special needs populations
- * The role the facility will play during the response

Continued on next page



Emergency Management Continued

You may need to issue security identification cards. Where and how this is done is important to consider as well.

Recovery

Mankind is unique in that we can adapt to just about any situation. No matter how much you prepare, you will not think of everything and you may have to make changes to your plan.

A plan for recovery needs to be developed. Each possible scenario may need a separate and unique plan. When developing this as part of your Integrated Emergency Management Program (IEMP), you should consider the following:

- * How the facility will continue business
- * Rebuilding will have to occur quickly.
- * Leasing temporary space for displaced functions.
- * Purchasing, leasing or borrowing equipment.
- * Employee retention / lay-off; and
- * Communications may have to be re-established.

The cycle is not complete until you have returned to business as usual. In some instances, this may mean years.

There are many things to consider when developing an IEMP that goes beyond the scope of this article. Additional information can be found on the Internet through consultants, insurance companies, as well as several computer software programs. The program that you prepare must be clear, concise, well organized, and practiced.

Other sources:

- NFPA 1600 - Standard on Disaster/Emergency Management and Business Continuity Programs, 2000 Edition
- Centers for Disease Control (CDC)
- Metropolitan Medical Response Systems (MMRS)

-Chad Beebe

Washington State Food Service Rule Revision

An advisory workgroup to the Washington State Department of Health was formed in January 2002 to recommend a basic approach to a major revision of Chapter 246-215 of the Washington Administrative Code, the Food Service Rule.

In March 2002, the advisory committee recommended that the Food and Drug Administration's 2001 Food Code (a model regulation) be adopted as the basis of the state's food rule revision, with some modifications. The modifications will be based on comments received from concerned stakeholders and recommendations of six advisory workgroups to be newly established by the Department.

The advisory workgroups consist of a Core Workgroup and five Special Issue Subcommittees. The membership of the Core Workgroup will be limited to 15 people who are representatives of local and state regulators; food service providers; and consumers. The members must be knowledgeable about the Food Code and the state's food service rules. The Department will ask various stakeholder segments to nominate the representatives to the Core Workgroup.

The membership of the Special Issue Subcommittees will be limited only by the size of available meeting rooms and participants' ability to participate by conference call and e-mail. Anyone interested in serving on any of the Special Issue Subcommittees should contact Ned Therien at ned.therien@doh.wa.gov or (360) 236-3071.

The process of the workgroups and the deadlines for stakeholders to submit comments for the draft of the revised rule are described in the Food Service Rule Workgroups Process document. We request that an Issue Submission Form (a Word document*) be completed to submit proposals for specific modifications to the 2001 Food Code base document. All interested stakeholders may submit comments for the rule revision. The workgroups will evaluate the comments and make recommendations to the Department. The Department will review all comments from stakeholders and recommendations of the workgroups to formulate a proposal for the State Board of Health.

Check the following web site for up-dates:

<http://www.doh.wa.gov/ehp/sf/food.htm>

Exemption or Alternative Methods and Materials Process

Exemption or Alternate Methods and Materials Process for Nursing Home, Boarding Home, Hospital, or other facility construction projects are subject to Construction Review Services (CRS) approval for licensure by the State Department of Health (DOH) or the State Department of Social and Health Services (DSHS). Many times project sponsors face unique circumstances in which the intent of prescribed construction standards are superable through exemption or alternate method or materials. Each of the facilities subject to licensure standards by the state may have unique rules outlining specific requirements for requesting approval of one of these options. Therefore, a careful review of the specific rules governing licensure requirements is paramount when requesting exemptions or alternate methods and materials.

All of the governing rules have one basic tenet in common, no exemption or alternate method and materials may be approved, that would result in compromising the intent of standards which protect the health or safety of the building's occupants. In all cases when seeking approval of one of these options CRS will expect a written request from the project sponsor that includes:

1. Clear identification of what rule is being addressed;
2. A statement of the understanding of the intent of the rule; and
3. How what is being proposed meets the intent of the rule or why the rule is superfluous. The explanation should be supported by technical documentation.

For facilities licensed by DOH the original written request should be sent to CRS for evaluation and development of the recommendation. For nursing homes and boarding homes requests should be sent to the licensing jurisdiction within DSHS with a copy sent to DOH/CRS. The request will then be evaluated by CRS and a recommendation will be sent to DSHS for their decision.

-Bart Eggen, Executive Manager

Small Projects Submissions

Effective January 2003, Construction Review Services (CRS) has established a system to streamline small projects with a construction value of \$65,000 dollars or less.

This process is to fast track the plan review process for small projects by allowing red line corrections through interaction between owners, architects, and engineers via telephone, fax, and email. The goal of CRS is to receive, review, and approve small projects within a 28-day time frame. Every effort will be made in order to complete a review on the first submittal. This can be accomplished by quick responses to all questions, and requests for additional information presented by the small projects plan reviewer.

Any re-submittals all contain written responses to each CRS review comment, include two sets of drawings or other information as requested. The application, checklist for small project submissions, fee schedule, and project status are available online at www.doh.wa.gov/crs throughout the review process. If you have any questions, please contact CRS at (360) 236-2944.

-Douglas Taylor

WAC Interpretation - Hospitals WAC 246-320-525(2)(e)(i)

QUESTION: Does WAC 246-320-525(2)(e)(i) require a single leaf, of a multiple leaf door, to provide the required 3'-10" clear opening into a patient room?

ANSWER: No. A single leaf of a multiple leaf door must meet Section 1003.3.1.3 UBC that requires a minimum of a 32-inch clear opening. When a door has multiple leaves and both leaves are activated, a minimum clear opening of 3'-10" must be obtained.

The Square Knot

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PO Box 47852
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The Department of Health works to protect and improve the health of the people in Washington State.

The Back Page

(Tumwater) Washington, My (new) Home!

- * Same mailing address: P.O. Box 47852
Olympia, WA 98504-7852
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- * New FAX Number: (360) 236-2901
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Visit our web site for a current
map at:

www.doh.wa.gov/crs

03/30/04

The next issue ...of the Square Knot is July 2003

Our deadline for articles is April 30, 2003.

Submissions should be about 350-450 words.
CRS reserves the right to edit or publish articles.

E-mail your comments and articles to:
fslcrs@doh.wa.gov
Editor: John R. Templar, R.S.

The next issue will provide you information about:

WSSHE Annual Conference
Mixing Sprinkler Head Types

Construction Review Services Mission

"Construction Review Services protects and improves the health and safety of people in Washington State by providing professional consultation and review for the design and construction of licensed or certified care facilities for our customers."